

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POST OI:                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | R H      |        |          |
| O.I.P.E. CLASSIFIER       |          | 8      |          |
| FORMALITY REVIEW          | CH       | 1119   | 7/17/01  |
| RESPONSE FORMALITY REVIEW |          |        | 08-22-01 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) ... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original |         |
| 1 (C)    | 7/17/01 |
| 2 (D)    | 7/17/01 |
| 3 (E)    | 7/17/01 |
| 4 (F)    | 7/17/01 |
| 5 (G)    | 7/17/01 |
| 6 (H)    | 7/17/01 |
| 7 (I)    | 7/17/01 |
| 8 (J)    | 7/17/01 |
| 9 (K)    | 7/17/01 |
| 10 (L)   | 7/17/01 |
| 11 (M)   | 7/17/01 |
| 12 (N)   | 7/17/01 |
| 13 (O)   | 7/17/01 |
| 14 (P)   | 7/17/01 |
| 15 (Q)   | 7/17/01 |
| 16 (R)   | 7/17/01 |
| 17 (S)   | 7/17/01 |
| 18 (T)   | 7/17/01 |
| 19 (U)   | 7/17/01 |
| 20 (V)   | 7/17/01 |
| 21 (W)   | 7/17/01 |
| 22 (X)   | 7/17/01 |
| 23 (Y)   | 7/17/01 |
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Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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